

Application or Docket Number

10/733459

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| | | |
|-------------------------|---------------|--------------------------|
| CLAIMS | 33 | |
| | NUMBER FILED | NUMBER EXTRA |
| ARGEABLE CLAIMS | 33 minus 20 = | 13 |
| ENT CLAIMS | 4 minus 3 = | 1 |
| DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

reference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐OTHER THAN
SMALL ENTITY

| RATE | FEE | OR | RATE | FEE |
|-----------|--------|----|-----------|----------|
| BASIC FEE | 385.00 | | BASIC FEE | 770.00 |
| XS 9= | | | XS18= | 234.00 |
| X43= | | | X86= | 88.00 |
| +145= | | | +290= | |
| TOTAL | | | TOTAL | 1,092.00 |

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|-------|---|--------------------------|
| 33 | Minus | 33 | 0 |
| 4 | Minus | 4 | 0 |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | OR | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| XS 9= | | | XS18= | |
| X43= | | | X86= | |
| +145= | | | +290= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|-------|---|--------------------------|
| 25 | Minus | 33 | |
| 4 | Minus | 4 | |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE | OR | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| XS 9= | | | XS18= | |
| X43= | | | X86= | |
| +145= | | | +290= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|-------|---|--------------------------|
| | Minus | | |
| | Minus | | |
| PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE | OR | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| XS 9= | | | XS18= | |
| X43= | | | X86= | |
| +145= | | | +290= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

In column 1 is less than the entry in column 2, write "0" in column 3.
Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."